

update

Vol. 3 No. 3

February 4, 1980

CARING: IT MAKES THE DIFFERENCE

A light rain was falling as Agnes, a 53 year old nurse climbed into the passenger's seat of her daughter's car. It was New Year's Day, 1978.

As they headed north toward Upper Bucks County, the rain turned to light snow, making the roads slick, and hampering visibility. Agnes turned to her daughter and they spoke about the holiday season they had shared. It was the last time they would talk together for almost two years.

Their conversation was suddenly broken off by a loud, frightening sound as a car struck them from behind. The car rolled over; Agnes was thrown out.

An ambulance rushed mother and daughter to a nearby community hospital where her daughter was diagnosed with minor injuries and admitted. Agnes was not as lucky. Unconscious, she had been transferred to A&SHHC with hope that specialized neurological and trauma care could save her life.

Today, Agnes is a patient in a rehabilitation hospital in Chicago. The rehab staff sees a great deal of potential for her and hopes to be able to return her to her own home or an apartment, where, with special equipment and the aid of an electric wheelchair, she could maintain a semi-independent style of life.

But the real story is the events that led her to where she is now. Not a story as black and white as progress notes in a patient's chart, but of a real person being cared for by dedicated and concerned professionals right here at the Hospital Center.

Those two years were difficult and at times, very painful — physically, mentally, and emotionally.

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Sharing a happy moment with Aggie before her trip to Chicago are 6B staff nurses Sue Niemkiewicz, R.N., Susan Petner, R.N., Diane Horowski, R.N., and Pam Dubbs, R.N.

Board Certifications

Once again, graduates of the Internal Medicine Residency Program at A&SHHC and Allentown Hospital have successfully passed the American Board of Internal Medicine Certification Exam on their first attempt.

Ever since the residency program became part of the medical education curriculum at both hospitals, all graduates who have taken the exam, which normally has a failure rate of 50-55% for first attempts, have all passed it on their initial try.

Last year's graduates are:

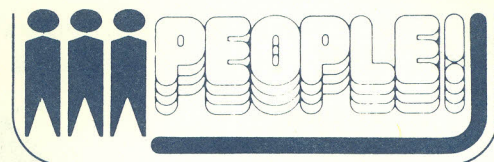
Judith McDonald, M.D., former Chief Medical Resident (1978-79) and now busy in her role as Employee Health Physician at A&SHHC is a graduate of Hahnemann Medical College, Philadelphia, and is an associate member of the American College of Physicians and the Lehigh Valley Medical Society.

William Dewar, M.D., is in private practice in the Poconos. He is a graduate of Guatalajara, Mexico School of Medicine.

Joseph Schwiter, M.D., is a graduate of Hershey Medical School where he is presently doing a Fellowship in Cardiology.



JUDY McDONALD, M.D. . . .
New Employee Health Physician



To Escort/Messenger Service

Gregg Spence
Linda Mallardi

To Housekeeping

John Schlosser

To Laboratory

Trudy Stroup

To Nursing Services

Donna Combs
Joan Garber
Deborah Hafer
Diane Liebel
Patricia McCann
Ann Newhard

To Pharmacy

Susan Young

To Radiology

Lynn Goldstein
Carol Nederostek
Kevin Turek

To Respiratory Therapy

Susan Onushco

To SPD

Sandra Hockman
David Moyer

Linda Leddy has been hired as the Director of Volunteer Services. Linda is a graduate of the State University College at Potsdam, NY, with an M.S. in Education, and a B.A. in English and Education. She has prior experience as Director of National Child Care Center, Houston, Texas, and as Director of Volunteer Services, at Clear Lake Hospital in Webster, Texas. Linda is also active in adult education teaching yoga, furniture refinishing and chair caning.



LINDA LEDDY



JUDITH DORSHAM

Judith Dorsam, R.N., ICU, has been promoted to the position of Head Nurse for Critical Care. Judy, a graduate of Allentown Hospital School of Nursing, has worked as both staff nurse and charge nurse in ICU. Judy has been at the Center since September, 1974.

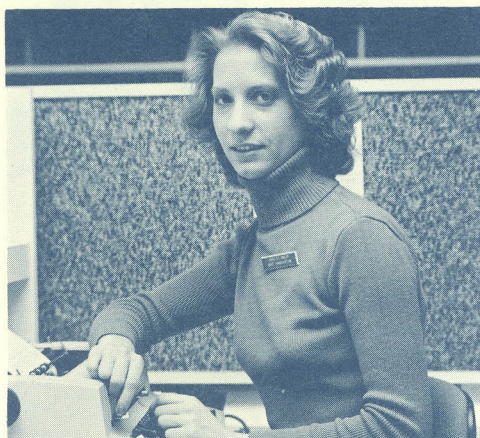
Monica Morekin, R.N., has been appointed Medical/Surgical Head Nurse. Nicki has worked in Critical Care since completing the critical care course last March. Previously, she had worked as a staff nurse on 4A and 6B. Nicki is a graduate of the Allentown Hospital School of Nursing. Nicki has been at the Center since September, 1974.

Martha Cunningham is the new Assistant Supervisor of SPD. Prior to her appointment, Martha worked as a nursing assistant in the operating room. She has been employed by the Hospital Center since August, 1975.



MARTY CUNNINGHAM

Carol Sarley has been named Chief Transcriptionist in the Medical Records Department. Carol has an Associates Degree as a Medical Secretary, and has been a transcriptionist at the Center since November, 1976.



CAROL SARLEY

CPR COURSES

Two courses in Cardiopulmonary Resuscitation (Basic Life Support) will be held on February 19, 20, and 21, from 10:00 A.M. to 12:00 Noon, in Classroom I, and on March 3, 4, and 5, from 1:00 P.M. to 3:00 P.M., in Classroom II. Our goal is to have 100% employee certification.

Registration is on a first-come, first-serve basis with a maximum of ten per group. Please check with your department head before registering with Educational Development, Extension 2026.



The quarterly statements are now available in the Credit Union Office on 7C. Statements include dividend payments for the last six months. The Credit Union is open on Wednesdays and Fridays, 12:30 P.M. to 4:30 P.M.

Gale Schmidt — Editor
Jim Higgins — Associate Editor
Janet Laudenslager — Staff Assistant
Jack Dittbrenner — Photography
Darla Molnar — Photography

Caring . . .

(Continued)

Agnes had sustained a severe head injury and her right arm had been fractured and crushed from her shoulders to her fingertips. Two of the vertebrae in her neck had been fractured and dislocated, causing almost total, and possibly permanent paralysis in both arms and legs. To keep possible swelling from shutting off her breathing passage, a tracheostomy was performed. Even with this aid, Agnes was unable to breathe on her own, and a ventilator controlled her respiration. She was fed liquids through a naso-gastric tube to provide nourishment.

After two weeks in intensive care, the ventilator was removed and Agnes was transferred to neurological medical/surgical care on 6A. The move was shortlived. Her heart stopped and a "code blue" was called. She survived but fell into a coma and was transferred back to intensive care on a ventilator.

From time to time, her eyes would open but not under her own control. There was no movement in her arms and legs. As her condition and responses began to improve, another unsuccessful attempt was made to remove the ventilator.

By mid-February, 1978, Agnes had stabilized to the point that she could breathe on her own and the ventilator could be removed for the last time. Agnes left ICU and was transferred back to 6A.

Now the hard part began. She was no longer fighting for life, but for quality of life. Unable to move independently, eat, or talk, she couldn't communicate with those around her in any way. If her condition did not improve, she would never be given a chance for further rehabilitation. No rehab hospital would accept her and she would remain a bedridden quadriplegic destined to receive only custodial care. The people involved in her care refused to let that happen — first on 6A, and then on 6B, where she was transferred after a year.

Recurrent infections of her tracheostomy and urinary tract brought many setbacks during that first year. Often, the nursing staff would try to give her sips of water, but she didn't remember how to swallow and so continued to receive food and water through the tube.

Then she began to make eye contact with those around her. She used facial expressions to communicate and learned to form the words "yes" and "no" with her mouth. She moved

her foot slightly in physical therapy. In May of 1978, she smiled for the first time and shrugged her shoulders to mean "I don't know."

Her tracheostomy tube was removed in July, but the otolaryngology specialists reinserted it. A period of no communication followed. In August, she again began to interact with others. She drank water and was surprised to learn it was August. In September, she winked her eyes and crinkled her nose for the first time.

When she was transferred to 6B, the nursing staff, also interested in neurological problems, continued to work with her.

Agnes, now fondly dubbed "Aggie," got out of bed. They used a special wheelchair called a quad-chair, which accommodates the difficulties of a quadriplegic patient. First from her bed, then from her room, and one day the nurses took her for a trip outside the hospital — the first time in a year. The physical therapists worked with her two times a week and did passive range of motion exercises to her arms and legs at her bedside. She had limited movement in her right arm and leg and began to exercise them herself in her bed and in her wheelchair.

Mr. Seagreaves, who delivers the morning papers, visited Aggie each morning. He spent time with her and she began to look forward to his morning rounds.

The nursing staff recalls that they knew she had emotions because of her facial expressions. When asked for her happy face, Aggie would smile. A sad face query would bring a frown, and a sexy face, a raise of the eyebrows. When asked about the face she would make when they got her out of bed, a startling look of surprise and anticipation would cross her features.

Having emotions is the key to having intelligence, they related. We then knew that there was a chance she could learn to talk. She could already respond to questions by mouthing words, but with a trach tube in place, the air could not pass over the vocal cords and no sounds could be made.

Carol DeLong, L.P.N., remembers the first time she actually spoke. "I asked her how much two and two were and put my finger over the hole in her trach tube. She said 'four' right away."

In order to allow her to speak on her own, a special type of trach tube, a Tucker valve, which automatically closed when she wished to speak, was inserted. Though Aggie could speak, she often couldn't find or say the right word for what she meant. The nurses would play a type

of charades with her. They would ask her how many words and how many syllables in each word. Then they would go through the alphabet to find the first letter of the word and as many letters after that until they could identify what she wanted to say.

They read to her, and knew by her interest that she understood. Jan Bieber, Nurse's Aide, did most of the reading and often would give her the vocabulary test in *Reader's Digest*. Jan related, "She knew every word."

Her fondness for sweets was evident by the way she relished the glycerin swabs used to moisten her lips, so the nurses began bringing in lollipops and licorice for her to suck on. The naso-gastric tube was still used for feedings though she had pulled it out on several occasions. Each time the nursing staff had reinserted it. "One day I couldn't get it back in," Sue Niemkiewicz, R.N., remembers, "and I realized that she was trying to tell us that she wanted to eat on her own." That day she did. It was September, 1979.

Initially, she was on a clear liquid diet, but within several days was eating full liquids including ice cream, milk, cream soups, and puddings. Within a few weeks, she was eating a regular meal. Isabel Shearman, dietitian, came to visit Agnes to see if she was hungry for anything in particular. When asked "What are you hungry for? Ice Cream?" Aggie responded, "I love it."

Interaction and working with Aggie went on 24 hours a day. Pam Dubbs, R.N., worked night shift during much of Aggie's hospitalization. Pam stated that "even though there isn't a large staff at night, we always tried to take the time to be with her when she was awake."

And time was the key. This type of care requires a great deal of time and patience to sit down and work with the patient, time which is often difficult to come by on a very busy floor. The staff related that to be successful with a patient like Aggie, you have to show that you have the time to spend, that you want to be there, and that you care.

Relearning can be a slow process and frustrating to both staff and patient. Possibly even more so with Aggie, herself a nurse. The relationship which developed over a period of time was strong and deep and Aggie would often say to the nurses, "I love you." The feeling for Agnes was mutual. The nurses involved in her care still keep in touch with her progress in Chicago and are excited to hear about each new development. The reason that they found the time to be with Aggie and work with her and were successful lies in their caring. Caring made the difference.

CAFETERIA CONGESTION

Having a difficult time locating a spot to sit and enjoy **your lunch** in the dining room? So are many others. Unfortunately, there is no way of expanding the physical size of the cafeteria, so to make it easier on all of us who utilize the cafeteria:

- 1) The conference dining room will be closed off to all luncheon meetings between 11:30 A.M. and 1:00 P.M., and may be used as regular seating.
- 2) Classrooms 1 and 2 may also be used for seating at peak congested times.
- 3) All students must eat before 11:30 A.M. or after 1:00 P.M.
- 4) Department Heads should continue to stagger meal times of their employees to the maximum extent possible.
- 5) All luncheon meetings, educational sessions requiring lunch, etc., should not be scheduled between 11:30 A.M. and 1:00 P.M.
- 6) Efforts will be continued to ensure our visitors can enjoy lunch before 11:30 A.M. or after 1:00 P.M.

Cooperation in this matter until a more permanent solution can be effected will be appreciated by all.

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NEW MEDICAL SOCIETY OFFICERS

Nine A&SHHC Medical Staff members were installed as officers and trustees of the Lehigh County Medical Society on January 26.

M. Bruce Viechnicki, M.D., obstetrician and gynecologist, was named President; Alan H. Schragger, M.D., Chief of Dermatology, was installed as President-Elect; James T. Dorsey, M.D., obstetrician and gynecologist, was installed as Secretary. Other officers installed were Dr. Howard L. Carbaugh Vice President; and Dr. David O. Williams, Treasurer.

Installed as Trustees were Robert H. Dilcher, M.D., urologist; William W. Frailey, Jr., M.D., surgeon; Larry N. Merkle, M.D., endocrinologist; Howard L. Silverman, M.D., family practice; John J. Stasik, Jr., M.D., colon-rectal surgeon and Clifford G. Vernick, M.D., Chief, orthopedic surgery.

on call

Appearing on "On Call: A Valley Health Series," on WLVT-TV, Channel 39, will be:

February 4, 7:30 P.M.

February 9, 2:30 P.M. — "Infertility" - Urologist John Jaffe, M.D., and Gynecologist Marshall Chefetz, M.D., discuss this delicate life-crisis problem which can be physical or psychological in nature. A couple experiencing the problems of infertility will be interviewed on the show.

February 11, 7:30 P.M.

February 16, 2:30 P.M. — "On Call Magazine: Edition #2" - This monthly edition of "On Call" features an indepth look at hand surgery, replacing the joints of a severely arthritic hand to restore usefulness and mobility. Short segments include how to eat right in a restaurant and exercises you can do at home.

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